2021

SPECIALTY PHARMACY PERFORMANCE MEASUREMENT

January 2022

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EXECUTIVE SUMMARY

313
Reporting Organizations

40.5M+
Specialty Prescriptions Dispensed

Performance Highlights

- There was a 15% increase in the number of reporting organizations and specialty prescription dispensed volume increased from 2020
- There was a 94% reporting response rate for specialty pharmacy organizations
- Most dispensing errors are due to incorrect quantity or incorrect instructions
- The leading cause of errors in distribution continues to be prescriptions dispensed with the incorrect patient address

Turnaround Time

~ 3.99 days
To fill a prescription

Call Abandonment Rate

4.96%
Of calls abandoned

Dispensing Accuracy

99.98%
Of prescriptions *dispensed* with no errors

Distribution Accuracy

99.95%
Of prescriptions *distributed* with no errors

Presented in this report are the 2020 measurement year (2021 reporting year) results based on URAC's Specialty Pharmacy Accreditation program performance measures.

URAC includes performance measures in multiple accreditation programs to align and harmonize with national priorities for healthcare quality and delivery improvement. Our priority of consumer protection and empowerment drives our measurement efforts on outcome measures, composite measures, and flexible measures collection. With the emphasis of the ACA on affordable, quality health care and access, it is imperative that performance measurement programs are in place to ensure that savings from cost cutting efforts in health care are not at the expense of the quality of care delivered to patients. The information provided by measures of performance can help stakeholders monitor the quality and accessibility of care across the nation.

Performance measurement for the 2021 reporting year aligns with Phase 2 of URAC's measurement process where mandatory performance measures are subject to an external data validation process. The data validation program identifies areas of opportunity for improvement and ensures ongoing compliance conformity to program standards. By requiring organizations to submit audited performance measures annually, URAC ensures accurate and reliable data for organization-to-organization comparisons. These audited performance measure results become publicly available via aggregated, de-identified reports.

Organizations are required to report data for services covered under the scope of each accreditation. There are 4 mandatory measures and the option to report data for 2 exploratory measures. Results are reported to URAC separately for each accreditation.

Below is the list of measures for 2021 reporting.

MANDATORY MEASURES

1. Call Center Performance© (DTM2010-04)
2. Dispensing Accuracy© (MP2012-06)
3. Distribution Accuracy© (MP2012-07)
4. Turnaround Time for Prescriptions© (MP2012-08)

EXPLORATORY MEASURES

1. Complaint Response Timeliness (CM2013-03)
2. Overall Consumer Satisfaction (CM2013-04)

© 2021 URAC, all rights reserved. The measures in URAC's Specialty Pharmacy Accreditation Program were developed and are owned by URAC. URAC retains all rights of ownership to the measures and can rescind or alter the measures at any time. No use of any URAC measure is authorized without prior URAC approval of such use. Users shall not have the right to alter, enhance or otherwise modify the measures. Anyone desiring to use the measures must be approved by URAC.

DATA VALIDATION PROCEDURES

Data validation vendors (DVV) identified any materially inaccurate submissions. Additionally, Kiser Healthcare Solutions, LLC corrected for any data entry and duplicate submission errors based on manual data review and cleaning, documented at the end of this report.

Kiser Healthcare Solutions executed standard procedures for data cleaning and validation prior to finalizing the results presented in this report. All organizations' measure submissions were reviewed for measure component quality. For example, numerators and denominators were checked against rates to ensure accuracy. Also, minimum, mean, median, and maximum rates were benchmarked nationally and regionally to ensure accuracy and to identify potential issues at an individual submission level.

Basic guidelines for identifying valid submissions:

- Measure denominator is greater than zero
- DVV has not deemed the measure submission as materially inaccurate
- Organization has stated it is submitting the measure

Basic guidelines for aggregate rates:

- Measure denominator is greater than or equal to 30
- DVV has not deemed the measure submission as materially inaccurate
- Organization has stated it is submitting the measure
- Minimum of 5 reporting organizations

RESULTS IN AGGREGATE

A total of 313 URAC-accredited Specialty Pharmacy organizations reported 2020 measurement year data for the 2021 reporting year. The total number of specialty prescriptions dispensed across all specialty organizations was 40,569,221 with the number of specialty prescriptions dispensed ranging from 24 to 10,847,121. Most organizations reported dispensing less than 100,000 specialty prescriptions, with one-third of organizations dispensing between 25,000 and 100,000 specialty prescriptions **(Figure 1)**. The South represented the largest number of organizations, and the West represented the least **(Figure 2)**. One-third of organizations represented all four regions.
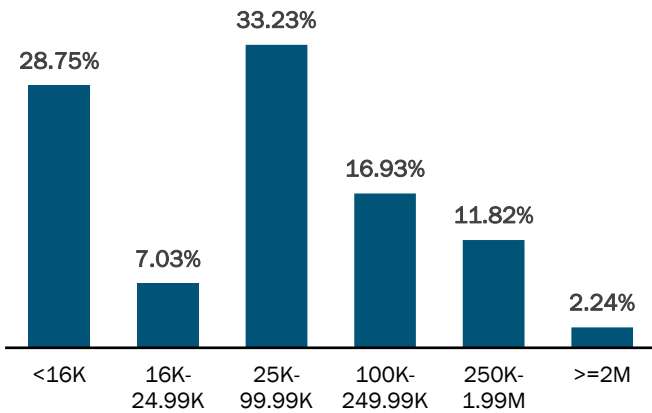

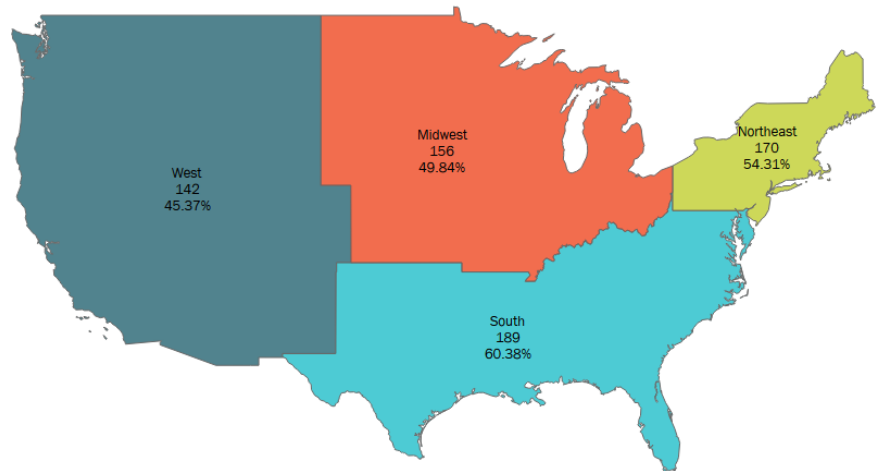**Figure 1. Reporting by Program Tier Size**

Figure 2. Regional Areas Served

% of reporting organizations by region (n=313)

Note: Multiple responses accepted

Specialty Drug Categories Dispensed

Half of the organizations (n=134 reported dispensing at least 99% specialty drugs, however, not all reporting organizations dispensed mainly specialty drugs. The most common type of specialty drug dispensed was for Rheumatoid Arthritis, followed by Hepatitis. The most common type of "Other" specialty drug dispensed was for Pulmonary, followed by Hemophilia.
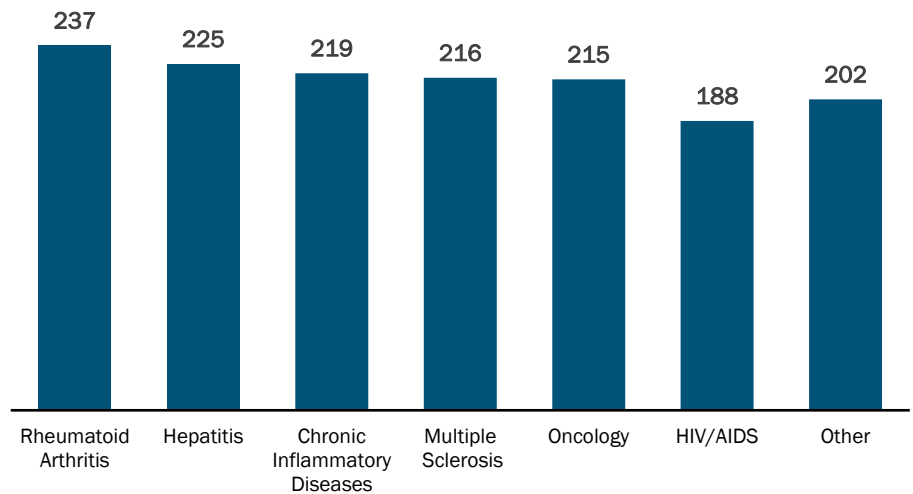
Pharmacy Composition

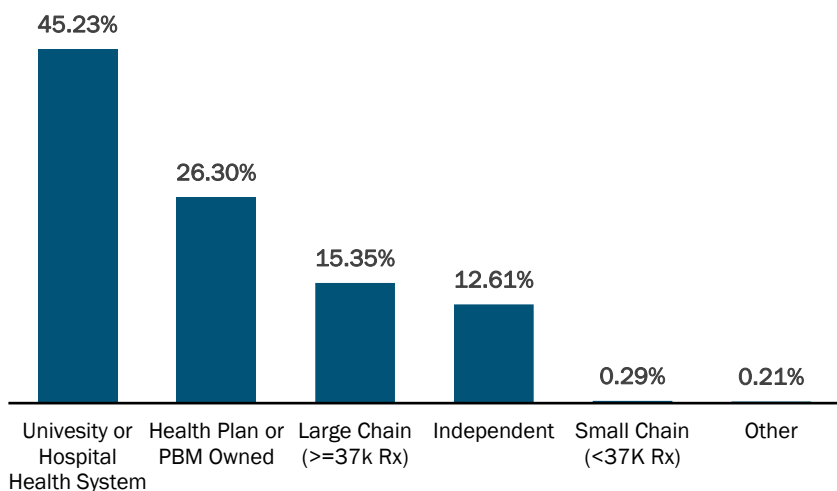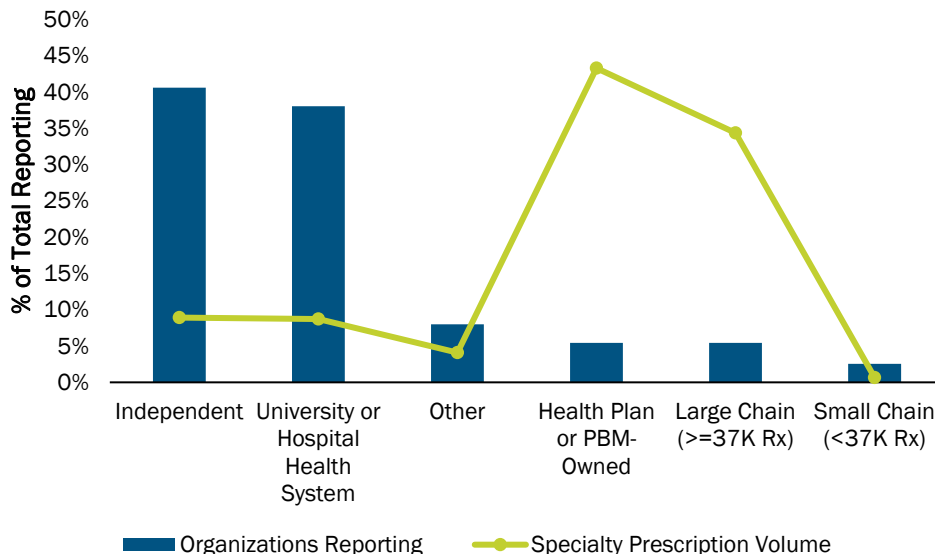In the 2021 measure reporting year, URAC requested that pharmacies begin to self-identify their pharmacy type for future analysis. Most pharmacies reported themselves as independent or university/ hospital health system organizations. The remaining responses in this category included types such as Home Infusion and FQHC Community Health System. While organizations identified as health plan or PBM-owned represented 5% of the reporting organizations, they accounted for more than 75% of the dispensing volume.

Bar chart (% of Total Reporting) — Organizations Reporting and Specialty Prescription Volume by pharmacy type: Independent, University or Hospital Health System, Other, Health Plan or PBM-Owned, Large Chain (>=37K Rx), Small Chain (<37K Rx).

Bar chart: Univesity or Hospital Health System 45.23%, Health Plan or PBM Owned 26.30%, Large Chain (>=37k Rx) 15.35%, Independent 12.61%, Small Chain (<37K Rx) 0.29%, Other 0.21%

Documented Clinical Interventions

Reporting on documented clinical interventions was also introduced during the 2021 measure reporting year. Organizations were asked to report the number of clinical interventions tracked within their organization in each of the following categories: Drug Utilization, Mental Health, Pain, and Other. Less than half of organizations (43.77%, n=137) reported clinical interventions of any type. The total number of documented clinical interventions reported was 3,825,942, split across four clinical intervention types. Most clinical interventions pertained to Drug Utilization (90%), while Mental Health and Pain accounted for less than 1% of interventions. University or Hospital Health System specialty pharmacy types represented the greatest percentage of total interventions.

CALL CENTER PERFORMANCE (DTM2010-04)

Measure Description

This *mandatory* measure has two parts:

- Part A evaluates the percentage of calls during normal business hours to the organization's call service center(s) during the measurement period that were answered by a live voice within 30 seconds

- Part B evaluates the percentage of calls made during normal business hours to the organization's call service center(s) during the reporting year that were abandoned by callers before being answered by a live customer service representative

For Part A, a higher rate represents better performance. **For Part B, a lower rate represents better performance.**

There is no stratification for this measure; results are reported across all populations.

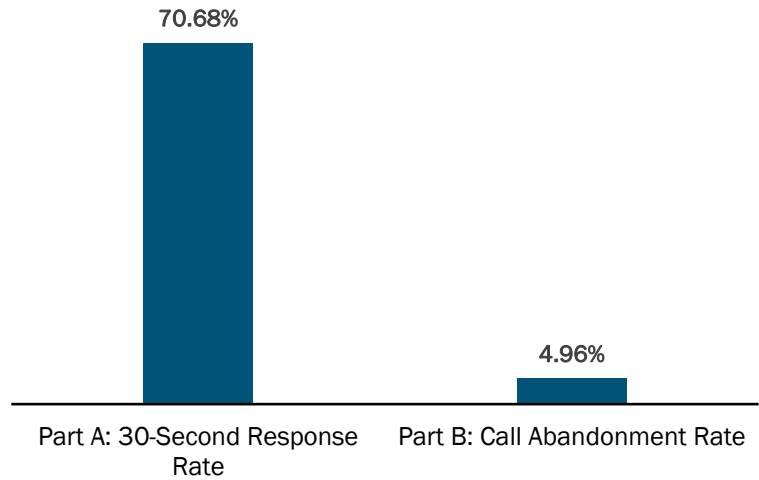URAC is the measure steward, and all rights are retained by URAC.

Figure 3. Call Center Performance Aggregate Summary Rates

Summary of Findings

Based on 284 submissions, there were 274 valid data submissions that reported both parts A and B of this measure. Two organizations reported 100% (all calls answered within 30 seconds) for Part A and the lowest performer answered 10% of calls within 30 seconds. More than half of reporting pharmacies indicated a call abandonment rate less than 3% with four pharmacies reporting 0% (no calls abandoned) for Part B.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Part A: 30-Second Response Rate	33,657,283	47,621,809	70.68%	88.18%	276
Part B: Call Abandonment Rate	2,402,248	48,415,627	4.96%	3.49%	282

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Part A: 30-Second Response Rate	10.11%	74.51%	84.46%	91.51%	95.60%	97.98%	100%
Part B: Call Abandonment Rate	44.78%	5.68%	3.81%	2.55%	1.48%	0.63%	0%

DISPENSING ACCURACY (MP2012-06)

Measure Description

This *mandatory* six-part measure and composite roll-up assesses the percentage of prescriptions that the organization dispensed inaccurately. Measure parts include:

- Part A: Incorrect Drug and/or Product Dispensed
- Part B: Incorrect Recipient
- Part C: Incorrect Strength
- Part D: Incorrect Dosage Form
- Part E: Incorrect Instructions
- Part F: Incorrect Quantity

For all parts, a lower rate represents better performance.

Each part of this measure is calculated at the individual prescription level, not at the order level (i.e., if an order contains three prescriptions, those three prescriptions are each counted separately in each denominator).

There is no stratification for this measure; results are reported aggregated across all populations.

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Dispensing Error Rate

0.02074%
All Error Composite

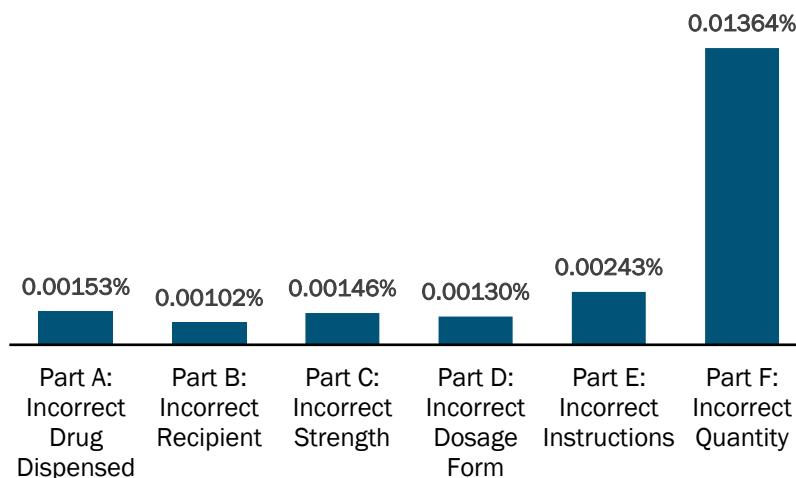**20.7 errors**
Per 100k Prescriptions Dispensed

Figure 4. Dispensing Error Types
Aggregate Summary Rates per dispensing error sub-part

* Most dispensing errors are due to incorrect quantity & incorrect instructions.

Summary of Findings

Based on the data submitted for over 40.5 million specialty prescriptions, the average number of drug dispensing errors was 20.7 per 100,000 prescriptions dispensed (99.98% of prescriptions dispensed with zero errors). The highest performing pharmacies reported zero dispensing errors for the 2020 measure collection year. Conversely, the lowest performing pharmacy reporting 1,075 drug dispensing defects per 100,000 with the leading cause of errors in dispensing accuracy reported as being due to incorrect quantity dispensed.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
8,414	40,565,999	0.02074%	0.03876%	311

MIN	10TH	25TH	50TH	75TH	90TH	MAX
1.07527%	0.08219%	0.04777%	0.01681%	0.00196%	0%	0%

Part A: Incorrect Drug Dispensed

Based on the 311 submissions received, the average number of incorrect drugs dispensed was 1.5 per 100,000 prescriptions dispensed (a 50% improvement compared to prior year). Two-thirds of pharmacies (n=210) reported zero errors due to incorrect drug, while the lowest performing pharmacy in this sub-measure reported 384 incorrect drugs dispensed per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
619	40,565,999	0.00153%	0.00448%	311

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.38462%	0.01009%	0.00227%	0%	0%	0%	0%

Part B: Incorrect Recipient

Incorrect recipient accounts for the lowest number of dispensing errors. Of the 311 submissions, there were 215 valid data submissions that reported zero errors due to incorrect recipient. The lowest performing pharmacy reported 157 drugs dispensed to incorrect recipient per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
413	40,565,999	0.00102%	0.00422%	311

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.15780%	0.01143%	0.00176%	0%	0%	0%	0%

Part C: Incorrect Strength

Of the total valid submissions, more than two-thirds of pharmacies (n=212) reported zero errors due to incorrect strength. The lowest performer reported 192 prescriptions dispensed with incorrect strength per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
458	31,420,240	0.00146%	0.00347%	311

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.19231%	0.00940%	0.00128%	0%	0%	0%	0%

Part D: Incorrect Dosage Form

Over two-thirds of valid data submissions (n=224) reported zero dispensing errors due to the incorrect dosage form being dispensed. The lowest performer reported 211 incorrect dosage forms dispensed per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
407	31,420,240	0.00130%	0.00391%	311

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.21142%	0.00943%	0.00092%	0%	0%	0%	0%

Part E: Incorrect Instructions

Prescriptions dispensed with incorrect instructions were the second most common cause of dispensing errors, after incorrect quantity, with an average of 2.43 errors per 100,000 prescriptions. More than half of pharmacies (n=182) reported zero errors in dispensing due to incorrect instructions. The lowest performing pharmacy reported 1,240 drugs dispensed with incorrect patient instructions per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
986	40,565,999	0.00243%	0.00999%	311

MIN	10TH	25TH	50TH	75TH	90TH	MAX
1.23967%	0.01545%	0.00421%	0%	0%	0%	0%

Part F: Incorrect Quantity

Results showed that there more than five times as many incidences of prescriptions dispensed with the incorrect quantity than any other error type. More than one-third of pharmacies (n=128) reported zero errors due to incorrect quantity dispensed, while the lowest performing pharmacy reported 1,075 drugs dispensed with incorrect quantity per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
5,535	40,565,999	0.01364%	0.01693%	311

MIN	10TH	25TH	50TH	75TH	90TH	MAX
1.07527%	0.03913%	0.01872%	0.00342%	0%	0%	0%

DISTRIBUTION ACCURACY (MP2012-07)

Measure Description

This *mandatory* two-part measure and composite assesses the percentage of prescriptions delivered to the wrong recipient.

- Part A assesses the percentage of prescriptions mailed with an incorrect address
- Part B assesses the percentage of prescriptions mailed with a correct address that were not delivered to the correct location

For all parts, a lower rate represents better performance.

Each part of this measure is calculated at the individual prescription level, not at the order level (i.e., if an order contains three prescriptions, those three prescriptions are each counted separately in each denominator).

There is no stratification for this measure, results are reported aggregated across all populations.

URAC is the measure steward, and all rights are retained by URAC.

Distribution Error Rate

0.04776%
Composite

47.76 errors
Per 100k Prescriptions Dispensed

0.02684%

0.02092%

Part A: Prescriptions Dispensed with Incorrect Patient Address

Part B: Prescriptions Dispensed with Correct Patient Address But Delivered to Wrong Address
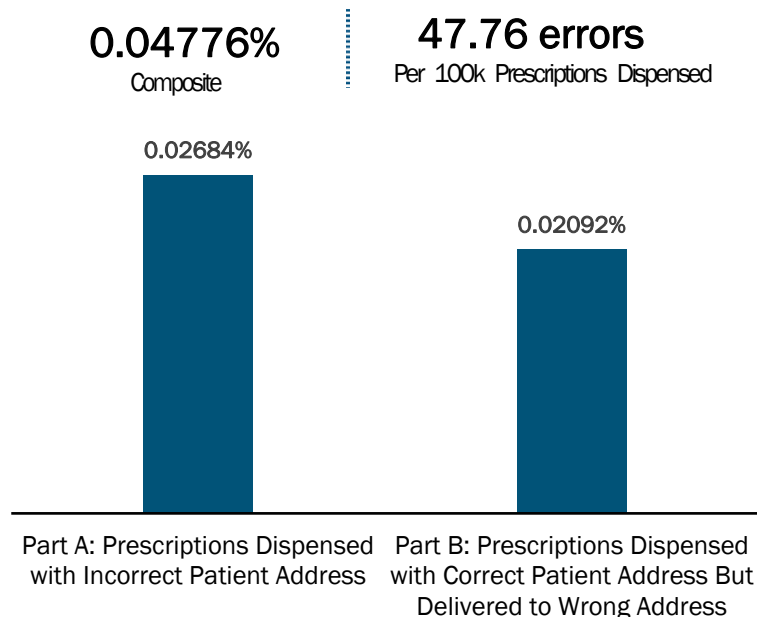
Figure 5. Distribution Error Types
Aggregate Summary Rates per distribution error sub-part

Most distribution errors are due to prescriptions being dispensed with the incorrect patient address.

Summary of Findings

A total of 311 organizations reported valid distribution accuracy results for each measure sub-part. Results showed that pharmacies had more than two times as many errors in the distribution of a prescription than in dispensing. The highest performing pharmacies had zero distribution errors for the 2020 measure collection year. Conversely, pharmacies in the 10th percentile reported over 110 distribution defects per 100,000 prescriptions dispensed. The lowest performing pharmacy reporting 395 distribution defects per 100,000 prescriptions dispensed.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
19,370	40,557,087	0.04776%	0.04233%	312

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.39463%	0.11012%	0.05294%	0.02402%	0.00272%	0%	0%

Part A: Prescriptions Dispensed with Incorrect Patient Address

Distribution errors caused by a prescription being dispensed with the incorrect address were 22% more prevalent than errors in the delivery of the prescription (Part B). Of the 311 submissions, approximately one-third (n=100) reported zero errors attributed to an incorrect patient address. The lowest performing organization reported 335 incorrect patient addresses per 100,000 prescriptions dispensed.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
10,886	40,552,532	0.02684%	0.02328%	311

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.33511%	0.06084%	0.03095%	0.00879%	0%	0%	0%

Part B: Prescriptions Dispensed with Correct Patient Address but Delivered to Wrong Location

Pharmacies performing in the top 25th percentile (n=120) for this sub-measure reported zero errors due to prescriptions dispensed with the correct patient address being delivered to the wrong location. In contrast, the lowest performer reported 395 prescriptions delivered to wrong location per 100,000 dispensed.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
8,484	40,557,687	0.02092%	0.01912%	312

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.39463%	0.04868%	0.02011%	0.00636%	0%	0%	0%

TURNAROUND TIME FOR PRESCRIPTIONS (MP2012-08)

Measure Description

This *mandatory* three-part measure assesses the average speed with which the organization fills prescriptions.

- Part A measures prescription turnaround time for clean prescriptions
- Part B measures prescription turnaround time for prescriptions that required intervention
- Part C measures prescription turnaround time for all prescriptions

For all parts, a lower rate represents better performance.

Parts A and B of this measure are mutually exclusive; if a prescription requires an intervention, it is counted in Part B; when it becomes clean, it is not counted again in Part A. The unit of analysis in this measure is individual prescriptions, not orders (which may include multiple prescriptions).

There is no stratification for this measure, results are reported across all populations.

URAC is the measure steward, and all rights are retained by URAC.
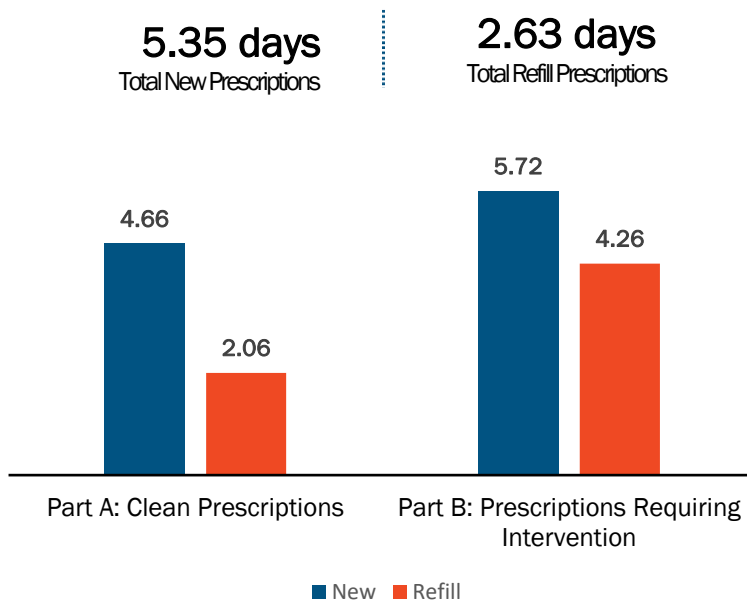
Turnaround Time

5.35 days
Total New Prescriptions

2.63 days
Total Refill Prescriptions

Figure 6. Turnaround Time Aggregate Summary Rates

Summary of Findings

There were 274 pharmacies that reported URAC's turnaround time measure with 192 organizations submitting valid data for all parts of the measure. Based on the data submitted, the average total time to fill specialty pharmacy prescriptions in 2020 was 3.99 business days. Results indicate that refill prescriptions were filled more quickly, with specialty pharmacies taking twice as many days to fill a new prescription compared to refills. Pharmacies with the fastest turnaround time filled a prescription in one business day, while one-quarter of pharmacies took more than five days.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Part C1: All Prescriptions - New	42,556,880	7,960,578	5.35	4.28	269
Part C2: All Prescriptions - Refill	42,794,686	16,267,218	2.63	2.57	272

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Part C1: All Prescriptions - New	16.77	9.66	5.03	3.00	1.91	1.27	0.85
Part C2: All Prescriptions - Refill	19.27	4.46	2.97	2.00	1.30	1.03	0.49

Part A: Clean Prescriptions

Several pharmacies were able to fill prescriptions in one business day, however most reporting pharmacies required more than two days to turnaround new, clean prescriptions.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Part A1: Clean Prescriptions - New	12,958,213	2,780,223	4.66	3.47	237
Part A2: Clean Prescriptions - Refill	24,476,063	11,888,728	2.06	2.40	252

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Part A1: Clean Prescriptions - New	28.37	7.55	3.93	2.27	1.46	1.13	0.86
Part A2: Clean Prescriptions - Refill	19.26	4.47	2.84	1.93	1.20	1.01	1.00

Part B: Prescriptions Requiring Intervention

Based on the data submitted, the average time to fill all prescriptions requiring interventions was approximately 6 days, with less than half of submissions requiring more than five days to fill. There was an almost 50% reduction in the number of days to fill a new prescription requiring intervention.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Part B1: Prescriptions Requiring Intervention - New	29,288,735	5,119,461	5.72	5.69	237
Part B2: Prescriptions Requiring Intervention - Refill	17,912,930	4,201,444	4.26	3.88	210

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Part B1: Prescriptions Requiring Intervention - New	19.14	12.83	8.07	4.09	2.35	1.47	0
Part B2: Prescriptions Requiring Intervention - Refill	25.31	7.63	4.65	2.68	1.81	1.15	0

COMPLAINT RESPONSE TIMELINESS (PH2021-01)

Measure Description

This *exploratory* two-part measure assesses the following:

- Part A assesses the percentage of consumer complaints to the case management program to which the organization responded within the time frame that the program has established for complaint response.
- Part B assesses the average time, in business days, for complaint response.

A lower rate represents better performance for Part B. Responses with a denominator of less than 30 complaints are included given ideal performance is fewer complaints.
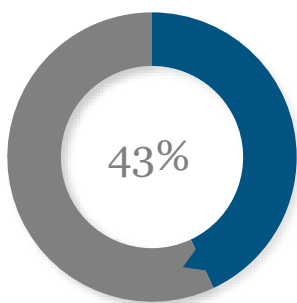
URAC is the measure steward, and all rights are retained by URAC.
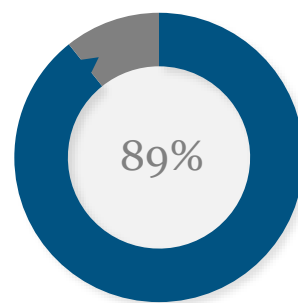
Summary of Findings

A total of 28 organizations submitted data for this measure. While most organizations reported having a system for tracking complaints less than half of those pharmacies are able to prioritize complaints. Almost 90% of the reporting organizations indicated that complaint response time is tracked. Additionally,57% (n=8) of pharmacies reported no complaints received in the collection year.
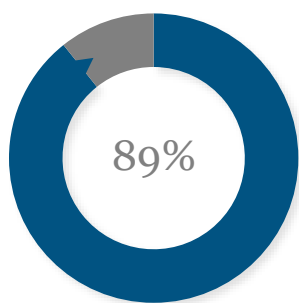
89%	43%	89%
HAVE A COMPLAINT TRACKING SYSTEM	HAVE A SYSTEM FOR PRIORITIZING COMPLAINTS	TRACK COMPLAINT RESPONSE TIME

Part A: Percentage of Complaints Responded to Within Program-Specified Timeframe

There were 20 organizations that submitted valid data for this measure and **97.63% of complaints were addressed within the program-specified timeframe**. Once received, complaints were responded to within 2 business days (1.66 days).

Part B: Average Time for Complaint Response

Based on the data submitted, the target number of days for complaint response established by each organization ranged between one and fourteen business days. The most frequently reported goal timeframe was five business days, however the actual **time for complaint response was 1.66 business days**.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Part A: Complaint Response Within Program Timeframe	470	483	97.63%	96.93%	20
Part B: Aggregate Summary Time for Complaint Response (Days)	837	483	1.66	1.87	20

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Part A: Complaint Response Within Program Timeframe	81.36%	89.33%	97.97%	100%	100%	100%	100%
Part B: Aggregate Summary Time for Complaint Response (Days)	6.00	4.00	1.93	1.41	0.83	0.42	0.10

# OVERALL CONSUMER SATISFACTION (PH2021-02)

Measure Description

This *exploratory* measure assesses percentage of program participants who completed a consumer satisfaction survey and reported that they were "satisfied" overall with the pharmacy program during the measurement period.

There is no stratification for this measure, results are reported across all populations.

URAC is the measure steward, and all rights are retained by URAC.

Summary of Findings

Of the 25 organizations that submitted data for this measure, 21 organizations submitted valid data for both measure sub-parts. **Based on the data submitted, overall consumer satisfaction was 95.47%, with a survey response rate of 9.77%.** Most pharmacy organizations (84% of respondents) reported the use of internally developed surveys for consumer satisfaction **(Figure 9)** with surveys being administered by phone, mail, and online **(Figure 10)**.

95%

CONSUMER SATISFACTION
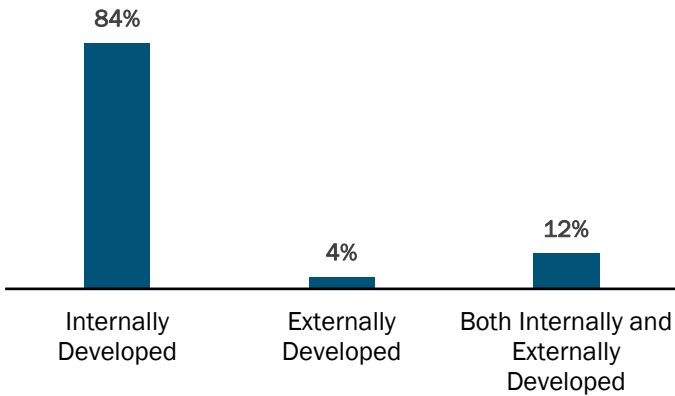
Survey Methodology

84%

4%

12%

Internally Developed

Externally Developed

Both Internally and Externally Developed
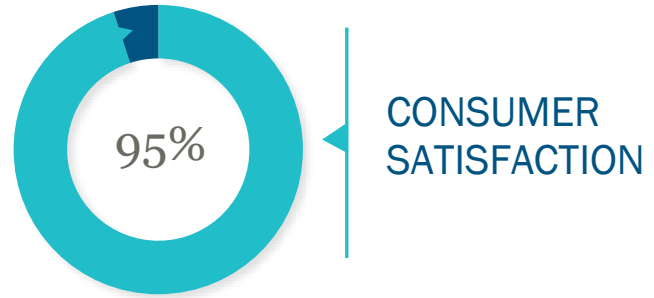
Figure 7. Development of Survey
% of reporting organizations (n=25)

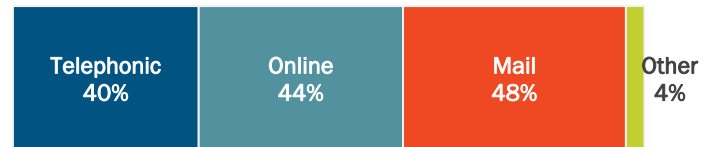| Telephonic 40% | Online 44% | Mail 48% | Other 4% |

Figure 8. Survey Administration Method
% of total responses received (n=51)
Note: Multiple responses accepted per organization.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Overall Consumer Satisfaction	12,706	13,308	95.47%	95.63%	21
Survey Response Rate	7,188	73,599	9.77%	38.63%	24

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Overall Consumer Satisfaction	80.00%	92.03%	95.00%	96.42%	99.45%	100%	100%
Survey Response Rate	1.04%	6.74%	11.74%	25.47%	70.00%	92.04%	100%